



PTO/SB/51 (9-04)

Approved for use through 04/30/2007. OMB 0651-0033

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REISSUE APPLICATION DECLARATION BY THE INVENTOR

Serial Number: 09/955,274

Docket Number: JAB1641

I hereby declare that:

Each inventor's residence, mailing address and citizenship are stated below next to their name.

I believe the inventors named below to be the original and first inventor(s) of the subject matter which is described and claimed in patent number 5,616,587, granted April 1, 1997 and for which a reissue patent is sought on the invention entitled AQUEOUS RISPERIDONE FORMULATIONS

the specification of which

is attached hereto

was filed on _____ as reissue application number _____
and was amended on _____.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is from PTO/SB/02B (or equivalent) listing the foreign applications.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

by reason of a defective specification or drawing.

by reason of the patentee claiming more or less than he had the right to claim in the patent.

by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

The specification does not contain a specific reference to the earlier filed application relied on for priority under 35 U.S.C. 120.



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Docket No. JAB-1641

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

Note: to appoint a power of attorney, use form PTO/SB/81.

Correspondence Address: Direct all communications about the application to

The address associated with Customer Number **000027777**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statement may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full Name of sole or first inventor (given name, family name)

Given Name (first and middle [if any])	Family Name or Surname
MARC KAREL JOZEF	
Inventor's Signature	Date
<i>François</i>	
21 FEB 2005	

Residence: City	KAPELLEN	State		Country	BELGIUM	Citizenship	BELGIUM
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Mailing Address	c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30					
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City	BEERSE	State	ZIP	2340	Country	BELGIUM
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Name of second inventor:

Given Name (first and middle [if any])	Family Name or Surname
WILLY MARIA ALBERT CARLO	
Inventor's Signature	Date
<i>[Signature]</i>	
21 FEB 2005	

Residence: City	MEERKPLAS	State	Country	BELGIUM	Citizenship	BELGIUM
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Mailing Address	c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30					
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City	BEERSE	State	ZIP	2340	Country	BELGIUM
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Name of third inventor:

Given Name (first and middle [if any])	Family Name or Surname
Inventor's Signature	Date

Residence: City	State	Country	Citizenship
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Mailing Address

City	State	ZIP	Country
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